The International Association of Therapeutic Drug Monitoring and Clinical Toxicology (IATDMCT) was found in 1990 during the Joint meeting with the Spanish Society of Clinical Chemistry in Barcelona. Its foundation was a culmination of clinical, scientific and technological advances, cultivated by a group of global colleagues. Their passionate visions were translated into a leading global association vital to patient care and safety as relevant as it was in 1990 as it is in 2017. Some of the fundamental principles such as individualized therapy predated the recent emergence of Personalized/Precision/Molecular Medicine.

While the practice of clinical toxicology, pioneered by Irving Sunshine, Alan Curry and other colleagues around the world, has been part of pathology/laboratory medicine, TDM emerged as a distinct discipline in the late 70’s, primarily due to the dedicated effort of Charles Pippenger, and other colleagues from Europe – Great Britain, Sweden, Germany, France, Poland, Spain, Belgium, Netherlands, Austria and others., Japan, US, Canada, Israel, Australia, and other countries. The relationship has been best perceived as a continuum of drug therapy to toxicity. As Dr. Tanaka reflected on JSTDM in his recent interview in the Compass, Japanese colleagues have been actively engaged in TDM since early 80’s. A series of global and momentous events then occurred since the late 80’s – launching of the Therapeutic Drug Monitoring Journal, scholarly publications of books and articles, recognition of rapidly expanding drug abuse and the formation of the US federal Workplace drug testing programs, organ transplants and immunosuppressant TDM, rapid advances in technologies such as immunoassays including nanotechnology, both gas liquid, and later liquid chromatography/mass spectrometry, and others. In 1988, members of the Chicago and Michigan Sections of the American Association for Clinical Chemistry (AACC), and the TDM and CT Division hosted an international conference in Chicago, with distinguished speakers from US, Europe, Japan (Dr. Tanaka) and China (Dr. Wu). Some of these colleagues also attended the first international TDM conference in Osaka later in 1988. From these meetings, a nucleus of interested global individuals then co-organized the 1990 International Congress of TDM and CT along with Spanish Society of Clinical Chemistry (Dr. Galimany) in Barcelona. Prior to this Congress, this group, via regular letters and direct/indirect personal communications, developed a consensus for the formation of IATDMCT, formalized in the Barcelona conference. With dedication of its members, committees, and officers, IATDMCT has matured into a highly respected global organization, holding conferences in US, Canada, Japan, Europe and Australia. Other notable achievements included authoritative consensus reports on immunosuppressants TDM, TDM journal, regional meetings, and next-generation, young scientists group and a well management office.
And the challenges continues with the emergent practice of pain management and recent epidemic of opioid abuse, pharmacogenomics and other omic biomarkers enabling the advent of Personalized/Precision/Molecular Medicine for cancer such as Cancer Moonshot/APOLLO, and the practice of Personalized Justice, pain management and other practices, and technologies such as bioinformatics and Dashboards, High Resolution Mass Spectrometry, and Next Generation Sequencing and Clinical Mass Spectrometry.